

ATTENDEES:

(P) Geoff Ritchie	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(R) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(P) Michael Torrance
(P) Pardeep Singh Gill	(P) David Charron	(P) Stuart Johnston	(P) Dr. Frank Martino
(P) Dr. Naveed Mohammad	(P) Tiziana Rivera	(P) Dr. Victor Rajkotwala	(R) Dr. Bilal Asif
(P) Brenda Bushey (Resource)			

Kiki Ferrari

Florine Lobo

1.0 CALL TO ORDER & DECLARATION OF CONFLICT

The meeting was called to order. Dr. Martino was welcomed back to the Board as Chief of Staff. Dr. Victor Rajkotwala was welcomed to the Board as the new President of the Etobicoke PSA. A special note of thanks will be passed along to Dr. Van Gulik for his contributions to the Board.

No declarations of conflict were made.

MOVED, seconded

That the agenda be approved - CARRIED

1.1 CHAIR'S REPORT

The Chair provided the following updates:

- A new Redevelopment Task Force has been launched. This Task Force will support the prioritization strategy for Osler's redevelopment and digital agenda. Membership includes representatives from the Osler and Foundation Boards as well as community members.
- A special Board meeting will be required in February to approve the MAC credentials. A date will be scheduled towards the end of the month.
- The role of the Executive Committee will be addressed during this meeting. The Executive Committee will be reinstated to focus on matters including CEO/COS succession, performance management and compensation. More information will be provided during the report of the Governance & Human Resources Committee discussion.

The Chair noted that it has been almost one year since the beginning of the pandemic. A special thanks was provided to the members of the Executive Team and staff for their incredible efforts and ability to keep moving forward during such difficult circumstances.

2.0 LIVING THE VISION

Jasmine Tehara provided the *Living the Vision* segment which focused on Osler's Vaccination Clinic. The presentation focused on four areas: role of the hospital, operational complexity, outcomes, and people and talent. The distribution of the vaccine to date has been a joint effort between public health and acute care. Preparation and distribution of the vaccine is complicated due to the specific storage and handling requirements. There is a significant amount of vaccine hesitancy. Additional education is required to address misinformation. A number of questions were addressed.

Q: *What is the capacity that Osler can provide?*

Currently Osler can provide 650 vaccines/day; the goal is to achieve 1200/day.

Q: *Is there more demand than supply?*

Prioritization of the vaccine has focused on residents and staff of long-term care and retirement homes and hospital staff. There has been some vaccine hesitancy. Approximately 55% of staff have been vaccinated.

Q: Pfizer is currently lobbying Health Canada to change the dosage from 6 doses instead of 5 doses per vial; is this a concern and does this create an issue for available volume?

Each tray of vaccine includes 975 doses and is based on 5 doses per vial. There may be some vials that have 6 doses. Osler is calculating its distribution based on 5 doses per vial. In the event there is a 6 dose available, a stand-by list has been created to ensure no wastage.

Q: Does Osler have a role to play in lobbying Health Canada re the labelling issue?

The Board was advised that this topic has not come up for discussion at the various tables as yet.

3.0 CONSENT AGENDA

One motion is required to approve all items included in the Consent Agenda. A reminder was provided that any of the items contained within the Consent Agenda may be placed on the regular agenda for discussion. A summary of the motions contained within the Consent Agenda have been provided on page 8 of the package.

The following items are included within the Consent Agenda for approval:

- CA 3.1 Board Minutes: *November 25, 2020, December 21, 2020*
- CA 3.2 MAC Minutes: *January 13, 2021*
- CA 3.3 Governance & Nominating Committee Minutes: *January 14, 2021*
- CA 3.4 Health Services & Quality Committee Minutes: *January 6, 2021*

A correction was noted to the December 21, 2020 meeting minutes of the Board. Stuart Johnston was not present at the meeting; the minutes will be adjusted accordingly.

A follow-up question was asked related to the last meeting.

Q: *Have the test centres been relocated inside for the winter?*

Both test centre locations have been relocated indoors. The team is still considering alternate locations in the event that volumes increase.

MOVED, seconded

That the items listed within the consent agenda be approved as amended – CARRIED.

4.0 BUSINESS ARISING

4.1a CHAIR'S REPORT: Governance & Nominating

The Chair's report was included in the package which reflects the January 14, 2021 committee discussions. Two items were flagged for further discussion: results of the OHA GCE Survey and action plans, and, updated Terms of Reference for the Executive and Governance & Human Resources Committees.

OHA GCE SURVEY RESULTS & ACTION PLAN:

The OHA GCE survey was conducted at the end of November. The Governance & Human Resources Committee has had an opportunity to review the results and develop a preliminary action plan. A chart was provided that illustrates Board performance trends for the past four years. Results were as follows:

- Scores were maintained in the following categories: individual directors and meeting processes; increasing on quality of Board and Board structure
- A decrease in score was observed in the category of: Board role and management relationship; with a slight decrease in the category of overall Board functioning.

Preliminary action plans have been developed to address the results. The Governance & Human Resources Committee will take the lead to ensure that the initiatives are acted upon.

It was noted that although the magnitude of the change in results year over year was not significant, effort should be made to improve the results each year. It was also noted that the response rate was low. It was suggested that participation in future surveys will be made mandatory. A brief dialogue ensued regarding this issue and ways to improve going forward.

The category relating to management relationship with the Board was discussed. Comments were previously raised that suggested that the relationship between management and the Board required strengthening. Given the numerous changes that have occurred at the executive level and Board. It was suggested that this year's results be used as a baseline on which to improve. [REDACTED]

The recent survey was focused on the activities and progress of the Board as a whole. An additional survey will be provided to garner feedback specifically relating to the Chair's performance. The Chair advised that he will be holding 1:1 discussions with all members in the near future.

MOVED, seconded

That the proposed action plans be received as presented - CARRIED

TERMS OF REFERENCE: GOVERNANCE & HUMAN RESOURCES AND EXECUTIVE COMMITTEES

An updated terms of reference for the Governance & Human Resources Committee and Executive Committee were tabled and include specific accountabilities to each committee.

It was suggested that the reference to management succession that is included as a responsibility for Governance & Human Resources be revised to provide clarity that this does not include the CEO and COS as responsibility for that succession falls under the mandate of the Executive Committee.

MOVED, seconded

That the Board of Directors approve the proposed committee changes and accept the terms of reference as amended - CARRIED.

4.1b CHAIR'S REPORT: Health Services & Quality Committee

A report was included in the meeting materials from the Chair of the Health Services & Quality Committee which reflects discussions from the January 6, 2021 meeting.

ACCREDITATION:

The accreditation survey scheduled for October 2020 was deferred to October 2021 due to the pandemic. Staff considered the option to delay the survey once again for an additional six months. In discussions with Accreditation Canada, three options were presented: proceed as planned for October 2021; submit a request for postponement from October 2021 – ROP on May 2022; transition to virtual for leadership/governance in October 2021 and onsite for clinical ROPS in May 2022. After review by the leadership a unanimous recommendation to move forward with option 3 was made.

Option three will result in the survey being conducted in two parts. The first step will take place in October 2021 and will involve a review of the leadership and governance standards. This step will be done virtually. The second step will take place in May 2022 and will involve an onsite survey and review of all clinical ROPs.

The pros and cons of delaying the survey were discussed. The option of postponing both components to May 2022 was not an option and would result in Osler losing its Accreditation status. Additional information will be received at the next meeting concerning specific schedules and work back requirements.

QIP 2021:

In November of each year, notification is received by Health Quality Ontario regarding the requirements for Quality Improvement Plan submission. This includes identifying any mandatory metrics. As of this date, there has been no information received regarding the 2021 QIP. The Health Services & Quality Committee will be reviewing the options which will include a review of implications in the event that a QIP is not developed. It was noted that the executive compensation is tied to the QIP results. A recommendation will be presented to the Board. The results for the 2020 QIP will be presented at the February committee meeting.

5.0 NEW BUSINESS

5.1 REPORT OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER

A written report was included in the package. Highlights from the report were noted as follows.

- Osler continues to be challenged by capacity and patient flow issues. Hospitalizations are still increasing with the number of deaths surpassing those that occurred in wave 1. This situation is similar across the province.
- Information has been received that the new variant is highly contagious.
- The lockdown is expected to continue for another couple of weeks with the exception of schools. A number of people continue to go to work while symptomatic due to loss of income. The variant strain is more prevalent outside of the GTA, it is important that steps be taken to continue the lockdown to control the current situation.
- Service reductions continue at Osler in the areas of Diagnostic Imaging, Cardiology and Surgery. Urgent surgeries continue as required along with the provision of cancer services.
- The vaccine rollout continues. Additional supplies were received in December. The timing of administering the second dose has been changed from 21 days to 35. [REDACTED]
[REDACTED]
[REDACTED]
- The new Cortelluci Vaughan site is scheduled to open and will do so as a COVID centre to assist with capacity issues.
- The Board was advised that a recruitment process for a new VP Human Resources will be launched shortly. This is in addition to the search for the VP Digital Transformation which is currently underway.

CAPITAL DEVELOPMENT

[REDACTED] In addition, Osler has been advised that the Peel Phase II proposal was tabled with Treasury Board approximately three weeks ago. It is likely that no further information will be shared regarding these projects for the near future. The province is currently focusing its efforts on the pandemic and vaccine distribution.

MEDIA RELATIONS

[REDACTED] Details of the matter were shared with the Board.

Q: How far does the current cash flow take us into the year?

The current cash flow will provide the necessary funds until the end of March. COVID related expenses that have occurred for the past few months have not yet been billed for. It is anticipated that Osler will be in a balanced position by year end.

Q: A question pertaining to the weekly progress reports; the ICU numbers tend to remain the same week over week – can you explain these numbers?

The number stated is in reference to COVID patients only. The timing of the report could be impacting the numbers. In additional information, it was noted that the GTA Incident Management System is a system that has been created for the GTA to assist with patient distribution and capacity issues. Since December, more than 150 patients have been transferred from Osler to other facilities. The new Cortellucci Vaughan Hospital was announced this week. It will likely be the first point of transfer for Osler patients in future.

Q: Can you elaborate on the service reductions at Osler; what kind of backlog has been created and how is this impacting patient care?

Existing service reductions are not impacting the urgent/emergent or required medical procedures required. There has been a decrease in diagnostic and cardiac diagnostic services. It was noted that patient fear is driving some of the outcomes as individuals are reluctant to come to hospital. The mechanism of triaging and prioritizing patients follows a scientific and best practice model. There are some elective procedures that will be delayed; load sharing between hospitals is also now occurring to address increased volumes.

Q: How are staff managing through this pandemic?

Efforts continue to keep staff fresh, informed and happy on a daily basis. Many avenues have been created that provide an opportunity for release and mindfulness. Weekly town halls, free coffee and leadership rounding are examples of those initiatives. Assistance is available to staff and families who have and are impacted by the pandemic. People are showing a level of resiliency and are persevering despite the current conditions. The number of complaints have decreased and compliments are on the rise. A shift in community perception and response to services and staff is gradually transitioning. The availability and transparency of information has been key to ensuring an engaged team.

Q: How are we addressing vaccine distribution/delay?

Initially, vaccines were open to any staff who needed it; approximately 50% uptake was observed. All those who received the first dose has been guaranteed access to the second dose. There are a number of individuals external to the organization who wish to receive the vaccine, however, to which it is not yet available.

Q: How has the pandemic impacted recruitment and branding; do we feel we are making progress or does this continue to be a challenge?

Recruitment continues to be a challenge. A significant number of positions have been added to support the efforts of the pandemic. The most significant challenge is the provincial shortage of skilled personnel with a [REDACTED] [REDACTED]. It was noted that nurse applications are up by 80% in the education sector.

In regard to Osler branding, a new Osler website will be launched in the coming months. In addition, the Emergency Department has recently introduced wait time clocks which will appear in real time on the new website.

5.2 REPORT OF THE CHIEF OF STAFF

A written report was included in the materials. Highlights from the report were provided as follows:

COVID-19 / VACCINATIONS

It was recognized that a successful vaccination program involves more than one player; public health, community providers and acute care facilities will all play an important role in the success of this program. Additional vaccines will be coming to market in the future; it is hopeful that Osler will become a distributor rather than provider of the vaccinations in future.

One of the biggest challenges presented by the pandemic is the availability of human health resources. The reduction in services has resulted in a number of physicians providing services that are non-traditional to their training (i.e. assessment centre, vaccination clinics, etc.).

LABORATORY MEDICINE EXTERNAL REVIEW

The Department of Laboratory Medicine has evolved over the past 15 years. During that time the department has developed and no rivals the services provided at other tertiary or academic centres. An external review will be conducted on the department to review current practices and provide guidance and advice on governance structures and new policies and procedures that will further enhance efforts.

PHYSICIAN ENGAGEMENT RESULTS

As reported previously, a physician engagement survey was recently conducted. A new firm was procured to carry out this work and therefore results will not be as easily comparable to other years. This year's results will be used as a baseline to build on for future years. The results will provide Chiefs with the necessary information to develop a narrative that will support physician engagement and the area of health and wellness.

6.0 IN-CAMERA DISCUSSION

An in-camera session was held [REDACTED]

7.0 ADJOURNMENT

MOVED, seconded

That the meeting be adjourned – CARRIED